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Special Instructions to Filing Officer:			
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•	COVER LETTER		
	TO: Registration Section Division of Corporations		
	SUBJECT: PRIME TIME PAINTING, LLC Name of Limited Liability Company		
	Name of Emmed Endomy Company		
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	JAY L AMMAN		
	Name of Person		
	PRIME TIME PAINTING LLC		
	řirm/Company		
	16910 OAK DELL RD		
	Address		
	FOUNTAIN, FL 32438 City/State and Zip Code		
	mrcf@att.net		
	E-mail address: (to be used for future annual report notification)		
	For further information concerning this matter, please call:		
	and the second secon		
JAY L AMMANat (850 708-2306			
	Name of Person Area Code & Daytime Telephone Number		
	·		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee ↓ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section		
	Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
	Tallahassee, FL 32301		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME TIME PAINTING LLC

(Must end with the words "Limited Liability (ompany, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the princ pal office of the Limited Liability Company is:

 Principal Office Address:
 Mailing Address:

 16910 OAK DELL RD
 16910 OAK DELL RD

 FOUNTAIN, FL 32438
 FOUNTAIN, FL 32438

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JAY L AMMAN	AFC	N	
Name	ALL.	E.	-11
Florida street address P.O. Box NOT acceptable)	ARY OI	-	Ē
	ELOH FLOH	÷.	U
City, State, and Zip	- Per	0	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registere l agent as provided for in Chapter 608, F.S.

stored Agent's Signature (I EQUIRED)

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(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managir g Member is as follows

<u>Title:</u> "MGR" = Manager	<u>Name and Address:</u>
"MGRM" = Managing Member	
MGR	JAY L MMAN 16910 JAK DELL RD
	FOUNTAIN, FL-32438
MGR	MARK C PANNIN 128 LAGE PLACE #18
	PANAMA CITY BEACH, FL 32413
	······

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>9/14/2012</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and :annot be more than five business days prior to or 90 days after the date of filing.)

<u>REOUIRED</u> SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAY L AMMAN

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)